

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-04-8655.M5**

MDR Tracking Number: M5-04-1610-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 3, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, radiology examination of the spine, elbow and wrist, unlisted special services, special report, unusual travel, joint mobilization and myofascial release were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 02-12-02 to 03-12-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

**Revised Notice 06/25/04
Note: Attachment Added**

June 9, 2004

**AMENDED LETTER
07/06/04**

MDR Tracking #: M5-04-1610-01
IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____ health care professional has signed a certification statement stating that no known conflicts of

interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review.

In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 29-year-old female, who was employed as a data entry/transport operator, reported numbness and throbbing in her right upper extremity on _____. She was diagnosed with over use syndrome and carpal syndrome. The medical record documentation states that her pain is associated with myofascial pain syndrome. Her EMG nerve study of the cervical spine and right upper extremity revealed a normal study of the median and ulnar nerve without evidence of radiculopathy.

Requested Service(s)

Office visits, radiological examination of the spine, elbow and wrist, unlisted special services, special report, unusual travel, joint mobilization and myofascial release

Decision

It is determined that the office visits, radiological examinations of the spine, elbow and wrist, unlisted special services, special report, unusual travel, joint mobilization and myofascial release were not medically necessary for this patient's condition.

Rationale/Basis for Decision

The medical record submitted did not provide clinical documentation to support the procedures that were billed. There were no x-ray reports, special reports, office visit reports or therapy notes submitted. Therefore, the office visits, radiological examinations of the spine, elbow and wrist, unlisted special services, special report, unusual travel, joint mobilization and myofascial release were not medically necessary for this patient's condition.

Sincerely,